

FILED MAR 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 1577

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5465		Registrar's No. 168	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give name of place) <u>Springfield N. Campbell</u>		c. LENGTH OF STAY (In this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give name of place) <u>Springfield N. Campbell</u>		d. STREET ADDRESS (If rural, give location) <u>Route #4 Box 357</u>	
3. NAME OF DECEASED (Type or Print) <u>Louis S. McChurke</u>				4. DATE OF DEATH (Month) <u>2</u> (Day) <u>23</u> (Year) <u>1950</u>			
5. SEX <u>M. D. W.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 30-1863</u>	
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>STONE COUNTY D.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>J. B. McChurke</u>		13b. MOTHER'S MAIDEN NAME <u>Eilse E. Malard</u>		14. NAME OF HUSBAND OR WIFE <u>Marion</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion McChurke</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiac - Ruptured Ventricle</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</u>		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac - Ruptured Ventricle</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>445X</u>		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 20, 1944</u> , to <u>Feb 23, 1950</u> , that I last saw the deceased alive on <u>Feb 10, 1950</u> , and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Max Tatt</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>2-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Greene Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-27-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. HEALTH DIRECTOR'S SIGNATURE <u>W.E. Handley</u>		ADDRESS <u>Greene Mo</u>	

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Osca L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Burton MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.